

SCOPE OF COVERAGE

IS&R

Introduction

The presentation below is based on the 8 subject-matter categories which have been developed for classification of material in the IS&R system. It is assumed that the material screened will consist of scientific and technical journals, primary and selected secondary, received by libraries specializing in medicine, by the 3i Library and the Library of the College of Physicians of Philadelphia and will not include the lay press or literature in the physical or mathematical sciences.

SECTION I. TOBACCO-RELATED REFERENCES (CATEGORIES 1, 3, 5 & 7)

With the exceptions outlined below, any articles which discuss or present data on the properties, use, and health or biological effects of tobacco in any form (cigarettes, pipes, cigars, snuff, chewing tobacco, tobacco tars, nicotine, nor-nicotine, or anabasine) will be selected. The following will not be selected:

- 1) case reports in which it is merely mentioned that the patient smoked, without any discussion of etiology or differences between smokers and nonsmokers.
- 2) pharmacological papers in which nicotine is used merely as a reference compound, or in which a well-known nicotine effect is used as a standard test system.
- 3) articles on the cultivation or biochemistry of the tobacco plant or on the prevention and treatment of its diseases (such as tobacco mosaic virus) unless there is reference to health or biological effects of tobacco.
- 4) articles on the physical properties and chemical composition of tobacco smoke in the technical non-medical literature, unless there is reference to health or biological effects of tobacco.
- 5) unsigned editorials and reviews without bibliographies in languages other than English, unless they contribute HI.

SECTION II. NO-TOBACCO REFERENCES (CATEGORIES 2, 4, 6 & 8)

Etiology and epidemiology (morbidity and mortality) of those diseases listed in the Surgeon General's Report will be included. Category 8 will also include literature involved in the smoking and health controversy but not related to a specific disease (see Section II D. 2).

A. CANCER, NO-TOBACCO REFERENCE (CATEGORY 2)

- 1) Etiology and Epidemiology, not diagnosis or treatment, of all primary cancers of the respiratory tract -- nasopharynx, larynx, tonsils, trachea, bronchi & lungs -- and lip, tongue, gingiva, palate, oral cavity,

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pharynx will be annotated. Etiology and epidemiology of primary cancers of the urinary bladder will be annotated, except where only dyes or parasites are involved. In those cases only major reviews will be annotated and all other articles will not be selected. Etiology and epidemiology of primary cancer of all other sites will be simply listed by author, title, journal, and the main two or three descriptors confined to disease etiology or epidemiology.

2) Carcinogenesis - mechanisms and experimental including tissue culture:

- a) Radiation health and biologic effects in the lung by any form of radiation or in any other organ by inhalation, in man or animal, or the failure to find any such effects following any form of radiation, specifically including, but not limited to Polonium 210.
- b) Viruses as a possible cause of cancer in humans will be covered. Viral carcinogenesis studies in animals will be covered except for leukemia, mammary carcinoma, Shope's papilloma, Rous sarcoma virus and Leukemia virus. Major breakthroughs in any of these areas, however, will be selected.
- c) Chemical carcinogenesis:
  - i) with reference to humans, included will be occupational carcinogenesis to the respiratory system and bladder, except dyes, and chemical carcinogenesis due to compounds related to the constituents of tobacco smoke, carcinogenic properties of food products and environmental factors, and the possible role of cocarcinogens, promoters and initiators.
  - ii) with regard to experimental animals and tissue culture:
    - 1) chemical carcinogenesis will be included only as it pertains to the organ systems in the Surgeon General's Report, or if applied to new species, or if threshold levels for carcinogenesis are discussed.
    - 2) cutaneous carcinogenesis with known carcinogens which are not components of tobacco smoke or tar will be excluded, as will studies on bladder cancer due to known carcinogenic dyes in dogs.
    - 3) to the extent possible, chemical carcinogenesis due to compounds related to the constituents of tobacco smoke, or likely eventually to be found in tobacco smoke, will be included.
  - iii) emphasis in all studies on chemical carcinogenesis will be given to mechanisms of action and structure-activity relationships.

(Notes: dose response, mechanism, breakthroughs, identification of carcinogenic properties in so called innocuous substances, such as medicine, drugs, glucose, etc.)

- d) Carcinogenesis due to trauma and other factors will be covered only with reference to the organ systems discussed in the Surgeon General's Report, thus not including the skin.
- 3) Cancer Histopathology will be covered as follows:
- a) As to the respiratory system, systems of classification and typing of malignant cells
  - b) So called "pre-malignant change" and malignant transformation
  - c) Observations relating to atypisms, inflammatory and other, including leukoplakia, hyperplasia, metaplasia, carcinoma in situ, atypical proliferation, etc. Note particularly observations as to reversibility or irreversibility.
- 4) Cancer Diagnosis will be covered only if the article reflects controversy over the adequacy of various methods or as it pertains to the problem of the true morbidity and mortality of the disease. Materials relating to confusion of diagnosis as result of metastases to or from the respiratory system will be covered. Include articles with data as to frequency of such metastases.
- 5) Cancer Immunology, except as it relates to therapy, will be included.
- B. RESPIRATORY SYSTEM, NO-TOBACCO REFERENCE (CATEGORY 4)
- 1) Etiology and Epidemiology, not diagnosis or treatment, of those non-cancerous respiratory diseases and conditions listed in the Surgeon General's Report as being associated with smoking, including:
- a) Chronic bronchitis ) includes articles on
  - b) Pulmonary emphysema ) differential diagnosis
  - c) Bronchiectasis
  - d) Non-allergic asthma
  - e) Non-infectious rhinitis, laryngitis, dry mouth, cough, dyspnea, and sputum production
  - f) Pneumonia, influenza, respiratory tuberculosis only if etiology, epidemiology or relationship to cancer is a subject of the article
- 2) Etiology and Epidemiology, not diagnosis or treatment, of occupational respiratory disease (e.g., silicosis, asbestosis, pneumoconiosis, byssinosis) will be included only if the possible relationships to respiratory cancer or other smoking associated diseases are discussed.
- ALTERNATIVE FOR II - B) 2): Delete II B) 2) and substitute:
- Etiology and epidemiology, not diagnosis or treatment, of occupational respiratory disease (e.g., silicosis, asbestosis, pneumoconiosis, byssinosis) will be included.
- 3) The Physiology and Function of the Lung will be covered only with respect to the following:
- a) Adverse effects of non-drug inhalants in animals or man
  - b) Effects of non-drug inhalants on clearance mechanisms, ciliary activity, loss of cilia, the transport and secretion of mucus and histological and cytological changes or atypisms in the lungs (including hyperplasia, metaplasia, etc.)

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C. CARDIOVASCULAR SYSTEM, NO-TOBACCO REFERENCE (CATEGORY 6)

- 1) Etiology and Epidemiology, not diagnosis or treatment, of cardiovascular diseases, including:
  - a) Coronary artery disease, coronary heart disease, or ischemic heart disease (including coronary thrombosis and myocardial infarction)
  - b) Vascular disease (e.g., cerebrovascular accident, stroke, Buerger's disease or thromboangiitis obliterans, Raynaud's disease, arteritis, idiopathic gangrene, occlusive vascular disease, atherosclerosis, obliterative arteriosclerosis, aneurysms, hypertension)

In a) and b) emphasis should be placed on:

- 1) the association between cardiovascular disease and exercise, alcohol consumption, obesity, aging, sex factors, marital status, hypercholesteremia or diabetes
  - 2) the possible role of genetic, ethnic, dietary, cultural, psychological, emotional, socioeconomic, and occupational factors
- 2) Excluded will be infectious (including rheumatic) cardiovascular diseases, congenital heart defects, cor pulmonale, congestive heart failure, angina pectoris, cardiac arrhythmias, ventricular fibrillation, hypertension occasioned by renal disorders, tachycardia and bradycardia, unless there is a discussion of the relationship to a disease or diseases otherwise covered in this memorandum.
  - 3) Articles relating to the factors causing or to the possible pathogenic significance of acute cardiovascular responses.
  - 4) Articles relating to the possible pathogenic significance of blood chemistry factors (including articles relating to the factors causing changes of possible pathogenic significance of such blood chemistry factors) with respect to a disease or diseases otherwise covered in this memorandum.

ALTERNATIVES FOR II C) 3) and II C) 4):

1. Total inclusion
  - a. List
  - b. Annotate
2. Total exclusion
3. Selective screening for HI by a cardiologist
4. Selective screening from selected journals

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D. MISCELLANEOUS, NO-TOBACCO REFERENCE (CATEGORY 8)

- 1) Etiology and Epidemiology, not diagnosis or treatment, of various diseases listed in the Surgeon General's Report as being associated with smoking will be simply listed by author, title, journal, and the main two or three descriptors confined to disease etiology or epidemiology, including:
  - a) Amblyopia, chemical conjunctivitis, and decreased visual acuity
  - b) Cirrhosis of the liver
  - c) Peptic ulcer (gastric and duodenal)
  - d) Esophageal or gastric irritation

ALTERNATIVES FOR II D) 1):

1. With microfilm reproduction
2. Without microfilm reproduction

- 2) Literature Dealing with Certain Other Aspects of the smoking and health controversy, as follows:
  - a) The problems of statistical and epidemiological studies, such as etiological significance, self selection, deficiencies in sampling techniques and questionnaires, inaccuracies of death certificates or other documents on which survey studies are based, etc.
  - b) The difference between association and causation, or between opinions and scientifically proven facts, Koch's postulates, the scientific method, etc.
  - c) The problems of extrapolation from animal experiments to the human situation, species differences, etc.
  - d) The effectiveness of labelling and advertising regulations.
  - e) The proper role of government in matters relating to public health, including the advisability of making recommendations for action on the basis of epidemiological studies and statistical associations.

POSSIBLE ADDITION II D 3): List only all case reports of tobacco related diseases where occupation is mentioned. (To be reviewed after a two month scan)

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ALTERNATIVE PROPOSALS

I. Occupational Respiratory Disease

A) II B) 2), total number of documents retrieved during past month = 100

B) Alternative II B) 2)

Total number of documents retrieved during past month = 175

II. Cardiovascular and Blood Chemistry Factors

A) IIC.3): Using Index Medicus as a guide, approximately 250 articles per month are indicated. We estimate that in practice at least 400 articles per month will be retrieved.

B) IIC.4): Using Index Medicus as a guide, approximately 640 articles per month are indicated. We estimate that in practice at least 960 articles per month will be retrieved.

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PROPOSALS FOR DOCUMENT LISTING

The following costs would be incurred for entering documents into the system by listing only: [see II.A.1), II.D.1)]

A) With microfilming

Microfilm	\$2.14
Xeroxing	.30
Bibliographic Preparation	1.25
Indexing and Control	.40
Punch-card Preparation	.20
Typing and Proofreading	.20
	<u>\$4.49</u>

B) Without microfilming

Bibliographic Preparation	\$1.25
Indexing and Control	.40
Punch-card Preparation	.20
Typing and Proofreading	.20
	<u>\$2.05</u>

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## PROPOSALS FOR AUTHOR ENTRIES

### I. Author "Comment"

Based on the experience of a single indexer, one hundred consecutive papers were examined for author "comments" (i.e., critical remarks regarding an author's work, techniques, methods, results, professional or experimental approach, etc.).

A. The average increase in time per document by the indexer was fifteen minutes or twenty-five per cent. This represents an additional expenditure of approximately \$3.60 per document.

B. The non-technical processing (including punch-card preparation, index control, bibliographic preparation, typing) is an additional \$1.85 per document. Total cost for Author "Comment" is an additional \$5.45 per document.

C. It should be noted that in the accompanying sample evaluation, a total of twenty-two references are cited by the authors. Of these fifteen were judged to be associated with "comments."

D. The definition of an author "comment" requires considerable refinement.

### II. Complete Author Entries from Bibliography (Citation Indexing)

A. There is an average of eighteen references per article and an average of two authors per reference. This represents a total cost increase of \$5.15 per document:

Bibliographic Preparation	\$2.50
Computer Input Preparation	1.65
Typing and Proofreading	<u>1.00</u>
	\$5.15

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